

**Big Cove YMCA Camp
Campership Assistance Application Form**

Please complete the following application and reference form and return it along with your child's camp registration form to the camping office at the YMCA. You will be contacted for a personal interview regarding your application. You will need to bring verification of your financial information, please note without this information applications will not be processed. All applications and reference checks are held in confidence, and are used to support and verify information submitted on your application.

CAMPER'S NAME: _____ **DATE OF BIRTH:** _____

ADDRESS: _____

MOTHER'S NAME: _____ **HOME PHONE #:** _____

MOTHER'S OCCUPATION: _____ **WORK PHONE #:** _____

FATHER'S NAME: _____ **HOME PHONE #:** _____

FATHER'S OCCUPATION: _____ **WORK PHONE #:** _____

CHILD LIVES WITH: MOTHER _____ FATHER _____ BOTH _____ OTHER _____

OTHER CHILDREN/DEPENDENTS: _____

Reference Information: (To be completed by someone who knows your child, eg. Teacher, pastor, social worker, lawyer of community member)

Name of reference: _____

Position: _____

Phone Number: _____

Number of years knowing applicant: _____ Capacity in which you know applicant: _____

How would this child benefit from a camp experience: _____

I certify, that in my judgement, _____ is a suitable candidate to attend Big Cove YMCA Camp and receive financial assistance in doing so.

Signature: _____

Date: _____

Please provide the following budget information to support your application, along with verification of all sources of income/expenses.

Monthly Income

Mother's gross pay _____
 Mother's net pay _____
 Father's gross pay _____
 Father's net pay _____
 Child Tax Benefit _____
 Child/Spousal Support _____
 Unemployment Insurance _____
 Training Allowance _____
 Bursary/Scholarship _____
 Student Loans _____
 Tips/Gratuities _____
 Boarders _____
 Other (Specify) _____

TOTAL MONTHLY INCOME: _____

Monthly Expenses

Rent/Mortgage _____
 Food _____
 Utilities:
 Phone _____
 Water _____
 Lights _____
 Heat _____
 Transportation:
 Gas _____
 Bus _____
 Car Payment _____
 Insurance:
 House/Tenant _____
 Car _____
 Life _____
 Clothing _____
 Medical _____
 Other (Specify) _____

TOTAL MONTHLY EXPENSES: _____

I certify all the above information is complete and up to date:

Signature: _____

Date: _____

Office Use Only	
Monthly Income – Monthly Expenses = Net of \$ _____	Total Camp Fee (including bus) \$ _____
Monthly Family Payment \$ _____	From _____ To _____
Total YMCA Assistance \$ _____	

Please forward this form along with a camp registration form to:
Big Cove YMCA Camp
2269 Gottingen St.
Halifax, NS, B3K 3B7
Phone: 422-9622 Fax: 423-8530